CORRESPONDENCE

THE ST AUGUSTINE'S HOSPITAL REPORT

DEAR SIR,

I have read with interest Dr Rollin's review and Dr Ankers' letter (*News and Notes*, September 1976 and February 1977) concerning the St Augustine's Report, expressing the pros and cons of the multi-disciplinary approach in psychiatry.

I still harbour nostalgia for the Medical Superintendent régime, and I admire the present efficient system in the Scottish psychiatric hospital. However, there is little doubt that we are living in a multi-disciplinary era and the multi-disciplinary approach is a fact of life to the vast majority of us; but there are alarming signs that this system, left uncontrolled, can outgrow its usefulness and destroy the basic doctor-patient relationship, around which it has developed. It is very easy for a lawyer, a paramedical worker, a student, or any lay person, to tell a psychiatrist, 'I know better; let me do it'. Some people are no longer content with flattening the pyramid of responsibility; they want to invert the whole structure.

In a way, psychiatrists are themselves to blame for the creation of therapeutic communities and obliteration of hierarchy. It is time they reaffirmed their moral and legal responsibilities and re-drew well-defined lines of hierarchy within the psychiatric multi-disciplinary setting.

V. S. NEHAMA

Prestwich Hospital,
Manchester, M25 7BL

DEAR SIR,

Dr Ankers' letter serves, if nothing else, to highlight the grave divisions in our sorely troubled mental hospitals. For me to take up every point he makes in his argument would, I think, prove both an unrewarding and a graceless exercise.

Nevertheless, it would be churlish of me not to point out that in his peroration Dr Ankers makes certain constructive suggestions with which I am in full agreement. I have always maintained that one of the major misfortunes built into the Mental Health Act, 1959, was the dissolution of the Board of Control, that well-tried, much-respected body. This is not my personal opinion only. In its evidence to the Royal Commission of 1953–57 the Royal Medico-Psychological Association strongly urged that the Board of Control should not only be retained but should be strengthened so that it could carry on its duties much more efficiently. In its comments on the recent DHSS *Review of the Mental Health Act 1959*, the Royal College of Psychiatrists has reaffirmed its support for the creation in England of a body or several bodies, analagous to the Mental Welfare Commission for Scotland. Requests from patients or relatives or any other interested party to be put in touch with such a Commission or with its Inspectors would automatically be granted. In this way enormously weighty, monstrously expensive demoralizing and doubtfully useful Inquiries might well be avoided.

HENRY R. ROLLIN

20 Ashley Court,
Ashley Road,
Epsom,
Surrey KT18 5AJ

[This correspondence is now closed. *Ed.*]

REVIEW OF THE MENTAL HEALTH ACT

DEAR SIR,

In the College's Comments on the Review of the Mental Health Act (*News and Notes*, January, p 9) there is a recommendation that a statutory form should be introduced in relation to Section 136. There is, however, no mention of the discussion in the Review (2.29, p 19) that a police station should no longer be regarded as a 'place of safety' within the meaning of the Act.

There is considerable value in retaining police stations as 'places of safety', particularly in large cities where there is a greater likelihood of psychiatric emergencies coming to the attention of the police. Mentally ill disturbed people can be satisfactorily assessed in the police station by a doctor approved under Section 28 at the request of the police, or the social worker in his capacity as Mental Welfare Officer, and subsequent management decided upon.

If the police station cannot be used, the police will have to take disturbed people from public places under Section 136 to psychiatric hospitals without prior psychiatric examination. This is likely to result in a number of people being admitted to psychiatric hospitals without adequate assessment and among these there will undoubtedly be a certain proportion who need not be admitted under this Section or even at all. We found that one-fifth of patients assessed by an approved doctor in

rmingham in a police station in 1970–71 were not lmitted to hospital (*British Journal of Psychiatry*, 175, **127**, 171–8). It would be a retrograde step if ese people through alteration in the law were now mpulsorily admitted, even though they were omptly discharged. I feel that there is a strong case r retaining a police station as a 'place of safety'.

A. C. P. Sims

epartment of Psychiatry,
ueen Elizabeth Hospital,
rmingham B15 2TH

EAR SIR,

The publication of the Interdepartmental ommittee's *Review of the Mental Health Act* and the ollege's comments on this prompt me to write ncerning a small anomaly in the Act about which mention has so far been made. This is in Part V the Act. The College takes the view that, 'if mpulsory procedures are to be used to detain a tient . . . then the primary purpose at all times ust be for treatment . . .'. The College regards e prescription of treatment as a legal medical responsibility. Under Section 66(2) of the Act, however, the Home Secretary has at present powers to discharge a restricted patient subject to conditions, and may, where the responsible Consultant reports that the patient no longer requires compulsory treatment, agree to this but nevertheless maintain a 'usual practice' to continue social supervision. Patients detained, particularly under Section 71 of the Mental Health Act, may have committed a relatively trivial offence—a patient I was concerned with stole a bicycle, and when he resented the intrusion of social workers after several years in the community, holding down a job and taking several holidays abroad, his resentment was taken as a ground for continued social supervision. I wonder whether Section 66(2) of the Act should be amended to read 'The Secretary of State may . . . by warrant discharge the patient from hospital either absolutely or subject to conditions as long as such conditions include the continuance of medical treatment.'

Ashley Robin

Runwell Hospital,
P.O. Box No. 3,
Wickford,
Essex SS11 7QE

STANDING CONFERENCE FOR THE ADVANCEMENT OF COUNSELLING

This organization is now in transition and is coming the British Association For Counselling. ie time is ripe for interested psychiatrists to consider ning as individual members.

The Association will be constituted as a charity d will ultimately be composed of a number divisions, such as student counselling, disable- ent counselling, marriage/family/sex relationship unselling, etc; there will, of course, be much erlap. There will be national and regional branches that workshops and exchanges will take place in rious parts of the country.

One of the benefits of membership will be the portunities for meeting people with different ofessional backgrounds and a varied range of skills, working in a wide variety of settings. Collaboration and interaction between medical and non-medical personnel involved with overlapping problems in different settings is potentially a useful source of learning.

Individual subscriptions to the Association are £5 per year.

Inquiries, which should be accompanied by a stamped addressed envelope, should be addressed to The Secretary, British Association for Counselling, 26 Bedford Square, London WC1B 3HU.

C. J. Lucas
Royal College of Psychiatrists
Representative on BAC